



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
DIVISION OF SENIOR SERVICES AND REGULATION  
SECTION FOR LONG TERM CARE

**APPLICATION FOR LICENSE TO OPERATE AN  
ADULT DAY CARE PROGRAM**

DO NOT WRITE IN THIS SPACE	
<b>RETURN COMPLETED APPLICATION AND APPLICATION FEE TO:</b> Division of Senior Services and Regulation Adult Day Care Licensure Program/Fee Receipt Unit P.O. Box 570 Jefferson City, MO 65102-0570	<input type="checkbox"/> New Facility <input type="checkbox"/> Change of Owner <input type="checkbox"/> Renewal
In accordance with the requirements of sections 660.400 through 660.420, RSMo (2000) and 19 CSR 30-90.010 through 19 CSR 30-90.080, an application is hereby made for licensure to establish, conduct or maintain an adult day care program as: <i>(check one)</i>  <input type="checkbox"/> Free Standing Adult Day Care Program  <input type="checkbox"/> Associated Adult Day Care Program (List Name of Associated Organization)  Program Capacity:	Provisional License No.      Issued
	Regular License No.      Issued
	Effective Date      Expiration Date
	Date Fee Received – Amount
	Check/Money Order Number
<b>FEE SCHEDULE</b>	
Check licensed capacity requested:	
<input type="checkbox"/>	8 or fewer      \$25.00
<input type="checkbox"/>	9 through 16      \$50.00
<input type="checkbox"/>	17 through 24      \$75.00
<input type="checkbox"/>	25 or more      \$100.00
2. Name and address of Adult Day Care Program:	Telephone Number (      )      -
	County (or City of St. Louis)
3 If a change of ownership, former name of adult day care program:	
4. Type of provider of the adult day care program: (check one)	
<b>Governmental</b> <input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> State	<b>Not-for-profit</b> <input type="checkbox"/> Religious organization <input type="checkbox"/> Corporation <input type="checkbox"/> Other: _____
<b>Proprietary</b> <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
5. Name and address of provider:	Telephone Number (      )      -
	County (or City of St. Louis)
6. Name, address and percentage of ownership of any individual or entity who owns an interest of five percent (5%) or more in the land, structure(s), mortgage or other obligation, or lease on which an adult day care program is being conducted. Indicate whether this ownership involves land, structure(s), mortgage or lease.	
7. Name of adult day care program director:	

8. Has the program, provider director or any corporate officers, directors or holders of five percent (5%) or more stock or ownership ever been convicted of a misdemeanor relating to the operation of an adult day care program, long-term care facility or of any felony? ☐ Yes ☐ No

If yes, list the person's name and type of conviction:

9. Fire Safety and Facility Physical Requirements (**for initial licensure applications only**):

For **Free Standing Adult Day Care Programs** submit a diagram of the building that houses the adult day care program. This diagram shall be labeled to show exits; fire extinguishers; smoke detectors and room use, such as dining, crafts, quiet room, therapy or offices. This diagram shall give exact measurements of the area to be used for the adult day care program.

For **Associated Adult Day Care Programs** submit a diagram of the designated space for the adult day care program. This diagram shall show the portion set aside for the adult day care program including office space; dining area; quiet area; craft area; general adult day care meeting area or therapy. This diagram shall give exact measurement of the area used for the adult day care program and also show the locations of exits or entrances for day care; fire extinguishers; and other fire safety features, such as pull stations and smoke detectors.

10. Is an Alzheimer's special care unit/program a part of this center? ☐ Yes ☐ No

(If yes, then it is required MO Form 580-2637 (2-03), Alzheimer's Special Care Services Disclosure Form, be submitted with this application.)

11. The fee must be submitted with this application. Enclose a check or money order **ONLY** payable to the Missouri Department of Health and Senior Services.

I hereby affirm that I, as an individual, or the operating corporation or partnership for which I sign, have adequate financial resources to properly construct, equip and operate the adult day care program referred to in this application, and hereby authorize the division to obtain information from third parties verifying this.

I further affirm that I have read, understand and agree to abide by the provisions of sections 660.400 through 660.420, RSMo (2000), and the Adult Day Care Program Licensure rules of the Division of Senior Services and Regulation — specifically, 19 CSR 30-90.010 through 19 CSR 30-90.080.

I further affirm that I understand that I am eligible for a license only if the program and the provider are in compliance with the law and the regulations thereunder, and that a license may be revoked at any time that the facility, provider or operator fail to comply with such laws and rules.

I further affirm under the penalties of perjury, that all documents and information required by the division to be filed pursuant to this application are true and correct to the best of my knowledge and belief, that the statements contained in this application and any attached information are true and correct to the best of my knowledge and belief and that all required documents are either included with the application or are currently on file with the division.

<b>MUST BE SIGNED IN PRESENCE OF NOTARY</b>	Applicant's Signature	Date
	Print or Type Name	Telephone Number (     )     -
<b>Notary Public Embosser or Black Ink Rubber Stamp Seal</b>	State of	County
	Signed and sworn to before me this ____ day of _____, 20____.	
	(Notary Public's Name)	
	My commission expires _____, 20____.	